



**State of Connecticut  
GENERAL ASSEMBLY**



**Commission on Children**

**Testimony of Elaine Zimmerman  
Executive Director  
Connecticut Commission on Children**

**Education Committee  
Connecticut General Assembly  
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**Senator Stillman, Representative Fleischmann and Members of the Committee,**

My name is Elaine Zimmerman. I am the Executive Director of the Connecticut Commission on Children and an appointee to the Governor's Early Education Cabinet. I am here today in support of Raised Bill 1106, An Act concerning the establishment of the Department of Early Education and Child Development.

The earliest years are the launching pad for the future. Social scientists concur that cognitive ability both informs and predicts health, employment status, educational attainment and avoidance of community problems and criminal behavior.

What was once considered ancillary to the economy and overall quality of life is now understood to be the primary ingredient for both. Cognitive ability begins and is shaped extensively in the first five years of life.

RB1106 creates a home for these years under one roof. Until this, we have scattered programs in different departments. Were this work incidental, it would not take such valence. But fragmented programming for young children splinters the potential of these programs and is inefficient.

In 1997, Commissioner Thomas called Commissioner Sergi to discuss co-locating dollars for preschoolers. Welfare reform had arrived and over 22,000 children would have nowhere to go when their moms entered the workforce. We knew then that the brain was still shaping lifelong learning, and that poor children, in particular, should have opportunity for high quality care. An agreement was struck, and dollars from DSS would be combined with dollars from SDE to create a quality school readiness initiative. Both departments would partner.

The school readiness law required medical homes, a literacy plan, parent engagement, quality enhancements, NAEYC accreditation or parallel standards. Quality enhancement dollars would stay at DSS. Early childhood training of providers would be funded by DSS through Charts a Course as would a newly created Regional Accreditation Project for support in quality development.

Mayors and Superintendents would co-chair local school readiness councils. This was big. We knew that leaders who had not traditionally worked together were being sewn together, in school readiness statute. Dollars were co-located to both maximize funds and create a participatory system of care for the young. There were tensions over universal versus targeted. We allowed low income towns and low income areas in middle class towns into this opportunity.

At the time, we included only programs that were known to have high standards and to pass muster. We were protecting poor children's opportunity like mother hens. Some said let's just fund four year olds. We fought and insisted that we would never get to three year olds. An early care and education system for three and four year olds took place. This was pivotal to our policy as so many states, trying to bring in the young, but limit resource allocation, only funded four year olds.

But over time the new system went back to an early design. DSS gave their money to SDE rather than fully partnering. Rules and protocols were established that further exaggerated different agencies and systems. Rather than moving towards an integrated birth-to-five system, we have separate rivers of care one for children in school readiness, one for children whose parents are working through DSS. The funds are different and sites are not paid the same amount for their work.

Standards and expectations are different, one lower than the other. We have one system based on the morals of helping parents work. The other system is based on helping children thrive. We need to combine these systems. King Solomon would laugh at us.

State funded centers, which were not eligible for school readiness when it started in 1997, offer excellent care. They have not yet been folded into the school readiness financing system. Some components of the law, as comprehensive as it is, were never implemented. Reporting on children's EPSDT health screens, pre-literacy and teacher training in such practices, family literacy and adult basic education referral, enrollment of children from other communities, and parent engagement and outreach are not as strong as intended in the statute.

Infants and toddlers are not in the picture at all. Mostly funded through DSS, there is a shortage of infant and toddler care, and it is not part of this system. In 1997, we could only go so far. Both mothers and fathers are working, if they can find work in this economy, soon after their children are born. Strong nurturance and exposure for babies are paramount for social emotional growth and learning. While parents work or job train, quality care must be in place.

Thus it is hoped, that if these programs were brought under one roof, the impulse to silo would dim. The effort to integrate and combine opportunities would expand. RB 1106 creates a new home for young child's programming in CT. Putting everything under one roof, in and of itself, will not create a coherent system. This bill offers clear direction with a focus on systems change including family centered services, cultural relevance, research-based practices, the integration of early childhood education and special education services, use of performance measures, and non-duplication of monitoring and evaluation.

RB1106 delineates outcomes including oral language development, reducing the achievement gap, increasing school readiness program participation, decreasing special education placements, increasing family literacy, parenting skills and parent engagement. It brings the Governor's Cabinet in to ensure the federal goals and resources are aligned. As a member of the Cabinet, we have four clear work goals; 1) improved standards, 2) professional development, 3) home visitation and parent engagement and 4) data collection.

The bill also allows for cross agency planning and agreements in Section 4 related to maternal and child health, literacy, family support and early care. Such cross agency agreements could allow agencies to work on shared goals with an outcome driven framework. If this were done well, whatever could not be placed under the roof of this agency, could properly be part of cross agency plans and actions steps for the young. Imagine what we could do together if agencies worked on early language development across policy domains. I would recommend that this section might also include the braiding or blending of dollars across agency, as needed, and would recommend that language to that effect go into this section

Out of a zealous response to this opportunity, there is a risk to put too much furniture in this house. CHEFA, in section 36, cannot be replaced by this department to create finance low interest loans for child care and child development centers. This function must stay with CHEFA as they have the business acumen. Some wonder whether family resource centers, which focus on children from infancy through high school, should be in this department. Home visitation may need to stay in DSS and DCF due to Medicaid opportunities.

But this does not mean that those that stay in other agencies could not be part of the interagency agreements in Section 4, working together towards specific goals. As we study and plan for stages of this, a detailed review of what should come under the roof and what should be part of interagency agreements, is critical.

Thank you for this opportunity.

